

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # 743437

1. Entity Name
S.M.H.P. CONCERT BAND, INC.



Principal Place of Business
**3405 OAKWOOD BLVD. S.
SARASOTA, FL 34237**

Mailing Address
**3405 OAKWOOD BLVD. S.
SARASOTA, FL 34237**



01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1882881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAIER, LEO
3405 OAKWOOD BLVD. S.
SARASOTA, FL 34237**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000778764
01/11/08-80009-025 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
HASWELL, JOHN DR
1255 N GULFSTREAM #508
SARASOTA, FL 34236**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**TD
RICHARDS, NATHAN B
1413 CEDAR BAY LANE
SARASOTA, FL 34231**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
ALBRIGHT, JOSEPH
3353 THORNWOOD ROAD
SARASOTA, FL 34231**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
LAIER, LEO
3405 OAKWOOD BLVD. S.
SARASOTA, FL 34237**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**SD
RICHARDS, BONNIE
1413 CEDAR BAY LANE
SARASOTA, FL 34231**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PD
FARRELL, MARY ANN
554 SILK OAK DR
VENICE, FL 34293**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Nathan B. Richards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 8, 2008 941-929-7234
Date Daytime Phone #